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27130 7590 03/31/2004

EITAN, PEARL, LATZER & COHEN ZEDEK LLP  
10 ROCKEFELLER PLAZA, SUITE 1010  
NEW YORK, NY 10020

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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/814,443	03/22/2001	David G. Angeley	P-4285-US	8017

TITLE OF INVENTION: SCANNING LASER HANDPIECE WITH SHAPED OUTPUT BEAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$ 300	\$1630	06/30/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JEFFERY, JOHN A	3742	606-014000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 EITAN, PEARL, LATZER

2 &amp; COHEN ZEDEK, LLP

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LUMENIS INC.

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 7

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0649 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Guy Yonay Reg. No. 52,388

06/30/2004

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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